Attention:

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Check the Department of Labor's website at www.efast.dol.gov for additional information concerning the processing system, electronic filing, software, and "non-standard" filings.

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500.

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OMB No. 1210-0110

2005

This Form is Open to Pub. 'n inspection.

	calendar plan year 2005 I plan year beginning	MM/DD/YYYY	and end	ling MM /	DD/Y	YYY
A Nam	ne of plan			B Three-digit plan numbe	er 🕨	
C Plan	sponsor's name as shown or	line 2a of Form 5500		D Employer	Identification Num	nber
Part l	Asset and Liability S	Statement	4			
trust the v this p	. Report the value of the plan's value is reportable on lines 1c(Splan year, to pay a specific doll	abilities at the beginning and end of the pla interest in a commingled fund containing t b) through 1c(14). Do not enter the value of ar benefit at a future date. Round off amo 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 10	he assets of more f that portion of a unts to the near	e than one plan on a n insurance contract est dollar. MTIAs, CO	line-by-line basis u which guarantees, CTs, PSAs, and 10	nless during 3-12 IEs
	Assets	(a) Beginning of Year		(b) End	of Year	
	al noninterest- aring cash		00			_00
doι	ceivables (less allowance for ubtful accounts): Employer contributions		00			_00
(2)	Participant contributions		.00			_00
(3)	Other					
	neral investments: Interest-bearing cash (includi accounts and certificates of deposit)	ng money market				
(2)			00			00
(3)	Corporate debt instruments (employer securities):	other than				
	(A) Preferred		_00			.00
	(B) All other					
(4)	Corporate stocks (other than employer securities):					
	(A) Preferred		_00			.00
	(B) Common		_00			.00
(5)	Partnership/joint venture interests.		00			00
For Pap	erwork Reduction Act Notice a	nd OMB Control Numbers, see the instruct	ions for Form 55	00. Cat. No. 24420C	Schedule H (Form	5500) 2005

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			(a) Beginning of Year	(b) End of Year
1c	(6)	Real estate (other than employer real property)	.00	.00
	(7)	Loans (other than to participants)	_00	.00
		Participant loans. Value of interest in common/	.00	.00
	(10)	collective trusts Value of interest in pooled sepa- rate accounts	.00	
	(11)	Value of interest in master trust investment		00
	(12)	accounts Value of interest in 103-12 invest- ment entities	.00	.00
		Value of interest in registered investment companies (e.g., mutual funds)		
	(14)	Value of funds held in insurance company general account (unallo- cated contracts)	.00	00
	Emp	Other loyer-related stments:	.00	.00
	(1)	Employer securities	.00	.00
е	Build	Employer real propertydings and other erty used in	.00	.00
f	plan Total (add	operationl assets all amounts in a1a through 1e)	00	.00
		iabilities	10,	
g		efit claims payable	.00	.00
h	Ope	rating payables	.00	.00
i		uisition btedness	.00	.00
	Total	er liabilities I liabilities	.00	.00
	(add lines	all amounts in 19 11 11 11 11 11 11 11 11 11 11 11 11	_00	.00
ı	Net	et Assets assets (subtract 1k from line 1f)	_00	_00



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Schedule	п	(FOIIII	5500	/ 2005

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Part II	Income and	Fynenses	Statement
I alt II	illicollie allu	LYDC112C2	Statement

Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

		income	(a) Amount	
a (Contri	outions:	(4) / 11104111	
(1) Re	ceived or receivable in cash from:		
	(A)	Employers		
				0-
	(B)	Participants		
	(C)	Others (including rollovers)		
(2) No	ncash contributions		
				(b) Total
,	2) T-4	al contributions Add lines 25(4)(A) (D) (C) or	ad line 20(2)	
(3) 101	al contributions. Add lines 2a(1)(A), (B), (C), ar	id line 2a(2)	
b E	arnin	gs on investments: (1) Interest:	4	
		Interest-bearing cash		
		(including money market accounts		
		and certificates of deposit)		
	(B)	U.S. Government securities		
	(5)	C.C. Government Securities		
	(C)	Corporate debt instruments	1 1 4 5 Y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(0)	Corporate door metramente		
	(D)	Loans (other than to participants)		
	(-)	Touris (earer analy to parasiparate) minimum	1,9	
	(E)	Participant loans		
	` ,	•		
	(F)	Other		
			X	
	(G)	Total interest. Add lines 2b(1)(A) through (F)		00
(2) Div	idends:		
	(A)	Preferred stock		
	(B)	Common stock		
	(C)	Total dividends. Add lines 2b(2)(A) and (B)		.00
		nts		.00
(gain (loss) on sale of assets:		
	(A)	Aggregate proceeds	<u> </u>	
	(B)	55 5 7 5		
		(see instructions)		
	/ ^\	College at line Ob (A)(D) from the Ob (A)(A)		
	(C)	Subtract line 2b(4)(B) from line 2b(4)(A) and	enter result	.00

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2b	(5)	Unrealized appreciation (depreciation) of assets:	(a) Amount		
		(A) Real estate		.00	
		(B) Other		00 (0	
		(-,		(b) Total	
		(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)			.00
	(6)	Net investment gain (loss) from common/collective trusts		8-1111	.00
	(7)	Net investment gain (loss) from pooled separate accounts			.00
	(8)	Net investment gain (loss) from master trust investment accounts			.00
	(9)	Net investment gain (loss) from 103-12 investment entities			
	(10)	Net investment gain (loss) from registered investment companies (e.g., mutual funds)			00
С	Othe	er income			
·	Our	T INCOME			
d		I income. Add all income amounts in column (b) and enter total Expenses			00
е		efit payment and payments to provide benefits:	/		
	(1)	Directly to participants or beneficiaries, including direct rollovers		_00	
	(2)	To insurance carriers for the provision of benefits		_00	
	(3)	Other		_00	
	(4)	Total benefit payments. Add lines 2e(1) through (3)			.00
f	Corr	ective distributions (see instructions)			.00
g	Cert	ain deemed distributions of participant loans (see instructions)			.00
h	Inte	est expense			00
i		inistrative expenses:			
	(1)	Professional fees			
	(2)	Contract administrator fees		_00	
	(3)	Investment advisory and management fees		_00	
	(4)	Other		_00	
	(5)	Total administrative expenses. Add lines 2i(1) through (4)			.00
i	Tota	I expenses. Add all expense amounts in column (b) and enter total			
,	. 514				=



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Not Income and Decembration				(b) Total	,
Net Income and Reconciliation					
Net income (loss) (subtract line 2j from line 2d)					
(1) To this plan					6
(2) From this plan					
t III Accountant's Opinion				0-	
Complete lines 3a through 3c if the opinion of an independent qua Complete line 3d if an opinion is not attached.	alified pub	lic accour	ntant is attached to this	Form 5500.	
The attached opinion of an independent qualified public accountary	nt for this	plan is (s	ee instructions):		
(1) Unqualified (2) Qualified (3)	Discl	aimer	(4) Advers	e	
	NED 0500	100.0	W 400 400 W		
Did the accountant perform a limited scope audit pursuant to 29 C Enter the name and EIN of the accountant (or accounting firm):	FR 2520.	103-8 and	d/or 103-12(d)?	Ш ,	Yes
Name			O		
realite					
			\bigcirc		
)		
EINI —					
EIN		4,			
EIN The opinion of an independent qualified public accountant is not a	attached t	pecause:			
The opinion of an independent qualified public accountant is not a	7		ed to the next Form 55	00 pursuant t	o 29 CFR 2520.10
The opinion of an independent qualified public accountant is not a (1) this form is filed for a CCT, PSA or MTIA. (2)	7		ed to the next Form 55	00 pursuant t	o 29 CFR 2520.10
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						Official Use On	ily
		Ye	s No		Amount		
4 f	Did the plan have a loss, whether or not reimbursed by t plan's fidelity bond, that was caused by fraud or dishoner						00
g	Did the plan hold any assets whose current value was not readily determinable on an established market nor set by independent third party appraiser?	/ an					_00
h	Did the plan receive any noncash contributions whose vaneither readily determinable on an established market no an independent third party appraiser?	or set by			1		_00
i	Did the plan have assets held for investment? (Attach so of assets if "Yes" is checked, and see instructions for for requirements)	mat			4,0		
j	Were any plan transactions or series of transactions in e. of 5% of the current value of plan assets? (Attach scheditransactions if "Yes" is checked and see instructions for frequirements)	ule of format		ó	55		
k	Were all the plan assets either distributed to participants beneficiaries, transferred to another plan, or brought und control of the PBGC?	er the		0			
5а	Has a resolution to terminate the plan been adopted duri plan year or any prior plan year? If yes, enter the amoun plan assets that reverted to the employer this year	nt of any	T)				_00
5b	If, during this plan year, any assets or liabilities were transliabilities were transferred. (See instructions).	nsferred from this	plan to a	nother plan(s), ic	dentify the plan(s) to	which assets or	r
	5b(1) Name of plan	0					
	5b(2) EIN 5b(1) Name of plan			5b(3)	PN		
	Su(1) Ivalile of pian						
	5b(2) EIN 5b(1) Name of plan			5b(3)	PN		
	5b(2) EIN 5b(1) Name of plan			5b(3)	PN		
	5b(2) EIN			5b(3)	PN		

